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CENTRAL FAX CENTER**SEP 09 2004****Edwards & Angell** LLP101 Federal Street Boston, MA 02110 617.439.4444 fax 617.439.4170
www.EdwardsAngell.comDate : September 9, 2004From : William J. DaleyFax : (617) 439-4170Direct : (617) 739-4444To :

Examiner Paul W. Huber

Art Unit 2653Fax (703) 872-9314Pages :

(including cover sheet)

If you received a partial delivery, please call Safiya Jarvis at (617) 739-4444.

Re :

U.S.S.N.: 10/041,068**ART UNIT: 2653****Examiner: Paul W. Huber****Conf. No. 5240****Fax**

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Practitioner's Docket No. 56,672 (7904)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: K. Kitamura, et al. Confirmation: 5240
Application No.: 10/041,068 Art Unit: 2653
Filed: November 1, 2001 Examiner: Huber, Paul W.
For: AN OPTICAL PICKUP FOR OPTICALLY READING/ WRITING DATA
INCLUDING CONVERGENT AND ABERRATION CORRECTION
OPTICAL SYSTEMS (As-Amended)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is a Response for this application.

STATUS

2. ☐ a small entity. A statement:
☐ is attached.
☐ was already filed.

CERTIFICATE OF EXPRESS MAILING

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States
Postal Service with sufficient postage
as "Post Office to Addressee" in an
express mail envelope: Mail Label No.
EV 000000000 US addressed to
Mail Stop Amendment, Commissioner
for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450.

FACSIMILE

- ☒ transmitted by facsimile to the Patent and
Trademark Office (703) 872-9306.

Signature


William J. Daley, Jr.

Date:

(Amendment Transmittal—page 1 of 4)

☒ other than a small entity.

3.

EXTENSION OF TERM

4. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete (a) or (b), as applicable)

(a) ☒ Applicant petitions for an extension of time under 37 C.F.R. § 1.136
(fees: 37 C.F.R. § 1.17(a)(1)-(4)) for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input checked="" type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 410.00	\$ 205.00
<input type="checkbox"/>	three months	\$ 950.00	\$ 465.00
<input type="checkbox"/>	four months	\$ 1,480.00	\$ 725.00

Fec: \$110.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

☐ An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request

OR

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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FEE FOR CLAIMS

5. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

[Col. 1]	[Col. 2]	[Col. 3] Small Entity	Other Than a Small Entity
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate Additional Fee
Total 19	Minus 20	=0	x \$ 09 = \$
Indep. 2	Minus 3	=0	x \$ 43 = \$
[] First Presentation of Multiple Dependent Claim		+\$145 =0.00	
		+ \$290 = 0.00	
		Total Addit. Fee: \$	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required

FEE PAYMENT

6. ☐ Attached is a check in the sum of \$ for additional claims.
☒ Charge Account No. 04-1105 the sum of \$110.00

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FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*


7. ☒ If any additional extension and/or fee is required, charge Account No. 04-1105.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 04-1105.

Tel. No. (617) 439-4444
Date: September 9, 2004

Customer No. 21,874


SIGNATURE OF PRACTITIONER
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BOS2_458019.1

(Amendment Transmittal)Xpage 4 of 4)